

Creek Nation Head Start Consent Forms

I, (We) _____, give consent/permission to the Creek Nation Head Start staff to arrange for and/or provide the following services for my child while he/she is participating in the program. These services include:

- A. 1. Transportation for all Center related activities including daily sessions, health related trips and field trips.

_____ Yes _____ No

2. All necessary screenings which may include: vision, hearing, speech/language, developmental and /or psychological.

_____ Yes _____ No

- B. Address of pick up for bus transportation:

Delivery destination:

Alternative drop off address:

I agree to provide proof of all immunizations my child has received, to obtain a dental examination which must include a cleaning and fluoride treatment, to obtain a physical examination including routine laboratory procedures: _____ Yes _____ No

I give my permission of the Head Start program to use pictures of my child in newspapers, displays, bulletin boards, and other types of educational publications.

_____ Yes _____ No

I agree that my child may brush with a .4% stannous fluoride gel daily.

_____ Yes _____ No

I have read each of the above areas and understand the meaning of each.

Signature

Relationship

Date